

The Masters Colloquium: Integrating the Learning Communities with the Medical School Curriculum

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Introduction: The relevance of learning community activities to medical student education is enhanced when these activities are integrated with the greater medical school curriculum.

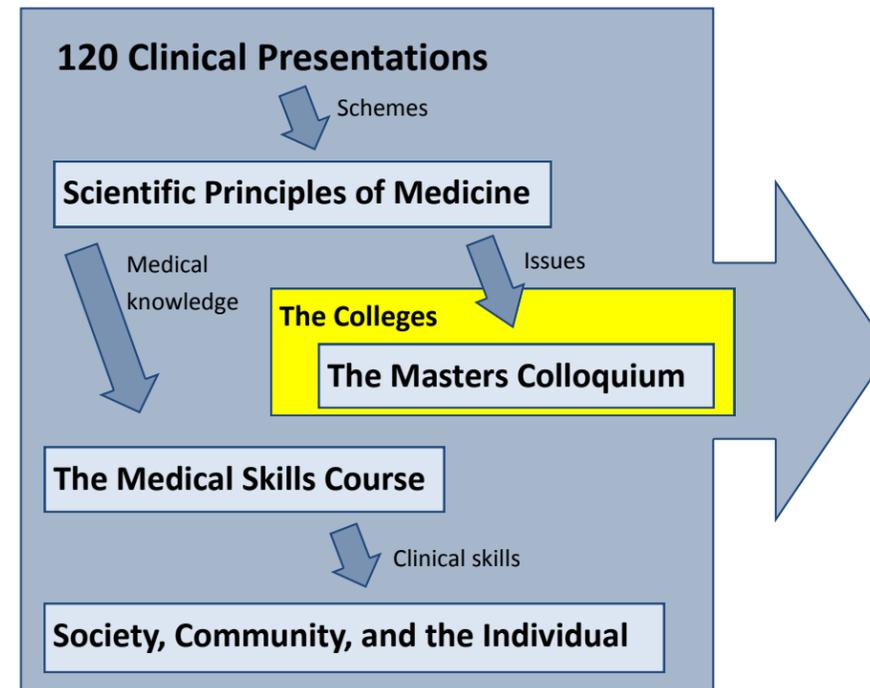
Program description: The required pre-clerkship curriculum at the Paul L. Foster School of Medicine includes the Masters Colloquium. This course explores topics in professionalism, critical thinking, bioethics, communication, humanities, and also examines controversies in medicine and the community. Students meet with members of their College (or learning community) in weekly, 2-hour discussion sessions that are facilitated by the respective College Masters. Each semester, students write two essays; one a personal reflection and the other an ethical analysis. Frequently, discussion topics for the Colloquium sessions are coordinated with the clinical presentations and subject material covered in the overall medical school curriculum.

Program evaluation: The majority of students indicate that the content presented in the Masters Colloquium is applicable to the practice of medicine, broadens their perspective, challenges their assumptions, helps them understand what is expected of a doctor, and is valuable to their learning. In addition, narrative comments mention that the sessions enhance their feeling of affiliation and membership with their College.

Discussion: The Masters Colloquium is an effective means of integrating the activities of learning communities with the formal medical school curriculum.

Lessons learned: 1) The organization of the Masters Colloquium within the learning communities has been essential to promoting and sustaining the learning communities at PLFSOM.

2) When Masters Colloquium discussion topics are coordinated with the overall medical school curriculum, students perceive greater relevance of the course to their learning.



Integration of the four courses that comprise the Presentation-based Curriculum at PLFSOM

Basic science learning in the Clinical Presentation-based Curriculum is organized around the knowledge needed to understand the decision-making for 120 common clinical presentations.

This medical knowledge is applied to clinical encounters and scenarios in the Medical Skills Course, which in turn are then applied to real clinical situations in Society, Community, and the Individual.

Issues and dilemmas that emerge from the Clinical Presentation are explored during the Masters Colloquium. This is the only activity within the curriculum that involves students associated with their learning communities.

Clinical Presentation - SPM

Sore throat: oropharyngeal anatomy, microbiology, immunology, and the pharmacology of antibiotics.

Joint pain: musculoskeletal anatomy, neuro-science, pathology, and mechanisms of joint inflammation.

Numbness, tingling and pain: the peripheral nervous system, sensory pathways, and the pharmacology of pain medications

White blood cell abnormalities: Genetics, histology, pathology, and pharmacology of leucopenia, leukemia and lymphoma

Abnormal heart sounds: anatomy, electrophysiology, hemodynamics, and pathology of the myocardium, heart valves, and vessels

Renal failure: Pathology, immunology, and physiology of acute and chronic renal insufficiency.

Diabetes and obesity: Immunology, pathology, and biochemistry of metabolic disorder and type II diabetes

Reference: Steele DJ, de la Rosa JM, Tobin BW. Texas Tech University Health Sciences Center Paul L. Foster School of Medicine. *Acad Med.* Sep 2010;85(9 Suppl):S555-557.

Colloquium Discussion Topic

The antibiotic problem: The challenge of antibiotic stewardship and the emergence of antimicrobial resistance

The patient's experience of chronic disease: impact on social, psychological, and economic well-being of families.

Ethics of pain management: controversies in the diagnosis and management of chronic pain and the responsibility of prescribing authority

The risks & benefits of cancer chemotherapy: balancing beneficence with non-maleficence in clinical decision making

The art of observation: The practice of close observation and sustained reflection on art, music, prose, and poetry.

Dialysis and transplantation: ethical dilemma of limited access to lifesaving care and health care challenges of border communities.

Systemic barriers to management of chronic disease: fragmentation of the healthcare system and the challenge of integrating teams